SERUM SODIUM AS A PRONOSTIC FACTOR IN DECOMPENSATED LIVER DISEASE

ABSTRACT

BACKGROUND

Cirrhosis is final result of all forms of insult to the liver which may be either due due to infections, alcohol, toxins, autoimmune etc. Hyponatremia is frequent association in Decompensated liver disease. It is mostly due to dilutional hyponatremia.

OBJECTIVES

To study the serum sodium levels in decompensated liver disease and to analyse the correlation of serum sodium levels with complications associated with DCLD patients, and the effect of treatment and outcome based on serum sodium levels.

METHODS

145 patients who were diagnosed as DCLD based on investigations and imaging, serum sodium levels and complications were analysed.They were compared with modified Child Pugh Score based on serum sodium levels.

RESULTS

Out of the 145 patients serum sodium was <= 125mEq/L in 45, serum sodium was > 125mEq/L in 100.complications like ascites, Portal HT,coagulopathy,HRS were

associated with higher incidence in patients with serum sodium was <= 125mEq/L, with p value of <0.001 which was significant. Also associated with Class C Child Pugh Score. And on follow up, serum sodium was > 125mEq/L has a favorable outcome compared to serum sodium was <=125mEq/L..

CONCLUSION

Hyponatremia is commonly seen in DCLD patients. More severe is hyponatremia more severe the complications. Serum sodium can be used to predict the outcome in patients with DCLD.

KEYWORDS

Hyponatremia

DCLD

Child Pugh Score